

SEP 27 2005

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**Quine Intellectual
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Fax

CONFIDENTIAL

To: USPTO **From:** Angela P. Home, Ph.D.
Fax: 703-872-9306 **Date:** September 27, 2005
Phone: **Pages:** 15 (including cover)
Re: USSN 09/981,636 **Our File:** 407J-897710US

☒ **Urgent** ☐ **For Review** ☐ **Please Comment** ☒ **Please Reply** ☐ **Please Recycle**

Enclosures:

- **Response to Office Action of June 15, 2005**

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By: Evelyn Gomez
Evelyn Gomez

Dated: September 27, 2005

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PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| | | |
|--|------------------------|------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/981,636 |
| | Filing Date | October 16, 2001 |
| | First Named Inventor | James D. Marks |
| | Group Art Unit | 1648 |
| | Examiner Name | Zachariah Lucas |
| Total Number of Pages in This Submission | Attorney Docket Number | 407J-897710US |

| ENCLOSURES (check all that apply) | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below): U.S.P.T.O. fax cover sheet |
| Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed. | | |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | Angela P. Horne, Ph.D., Reg. No. 41,079, Quine Intellectual Property Law Group, |
| Signature | <i>Angela P. Horne, PhD</i> |
| Date | September 27, 2005 |

| CERTIFICATE OF FACSIMILE | |
|---|---------------------|
| I hereby certify that this correspondence is being transmitted by facsimile to 703-872-9306 of the United States Patent and Trademark Office, addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: | |
| Typed or printed name | Evelyn Gomez |
| Signature | <i>Evelyn Gomez</i> |
| Date | September 27, 2005 |

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0551-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**120.00**

Complete if Known

| | |
|----------------------|------------------|
| Application Number | 09/981,636 |
| Filing Date | October 16, 2001 |
| First Named Inventor | James D. Marks |
| Examiner Name | Zachariah Lucas |
| Art Unit | 1648 |
| Attorney Docket No. | 4071-897710US |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): Deposit Account
☒ Deposit Account Deposit Account Number: 50-0893 Deposit Account Name: Quine Intellectual Property Law Group, P.C.

For the above identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |
| Total Claims | | |
| - 20 or HP = | | |
| HP = highest number of total claims paid for, if greater than 20. | | |
| Indep. Claims | | |
| - 3 or HP = | | |
| HP = highest number of independent claims paid for, if greater than 3. | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 27 CFR 1.16(s).

| | | | | |
|--------------|--------------|--|-------------------------------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | (\$) | Fee Paid (\$) |
| - 100 | | /50 = | Round up to a whole number) x | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Other: Request for extension of time

Other:

Other:

Other:

Other:

Other:

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Fees Paid (\$)

120

SUBMITTED BY

| | | | | | |
|-------------------|------------------------------|-----------------------------------|---------|-----------|--|
| Signature | <u>Angela P. Home, Ph.D.</u> | Registration No. (Attorney/Agent) | 41,079 | Telephone | |
| Name (Print/Type) | Angela P. Home, Ph.D. | Date | 9/27/05 | | |